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The lack of consensus among medical-legal authorities as to the meaning of delinquency and the management of delinquent children is described. This conflict is general in that the legal definition emphasizes behavior and action while the psychological definition emphasizes the endopsychic conflict and need motivating the behavior. Emphasis is placed upon the psychological types who may commit delinquent acts. Different writers describe different types of delinquents. Too often these writers generalize to all delinquents the conclusions derived from work with a biased sample.

If we group together all the types described in the literature, both past and present, we arrive at a preliminary five-part taxonomy of delinquent children. A review of 10,000 case histories lends support to this five-part taxonomy which suggests that psychotic, neurotic, organically deficient, character disordered and normal children may come in conflict with the law.

This conclusion lends support to the need for effective diagnosis and varied treatment approaches to delinquency. Any group of delinquent children is heterogeneous.

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TOWARD A WORKING TYPOLOGY OF DELINQUENT CHILDREN

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The Meaning of Delinquency:

The term juvenile delinquency refers to an amorphous group of children who have come into conflict with the law. The complexity of the phenomenon of illegal behavior in children is testified to by the number of professional disciplines who perceive it as within their purview. Delinquent behavior is seen as sinful, illegal, psychopathological, unintelligent or a social or physical disease. Causative factors attributed for delinquent behavior vary from single, unitary constructs, e.g., inadequate parental supervision, to highly individualized theories of causation.

While many groups are interested in the phenomenon of delinquency, only two are vitally concerned with the care and treatment of the individual delinquent child. These are the judicial-correctional authorities and the medico-psychological specialities. The other interested disciplines deal either with groups, e.g. Sociologists can identify areas where delinquency will be high but cannot isolate individuals within the area who will become delinquent; or with some individual children but not all, e.g., many delinquent children have never been a school problem, or are in excellent physical health.

Since the judicial-correctional and the medico-psychological fields are most concerned with the diagnosis and modification of the behavior of individual delinquent children, this paper will restrict itself to a consideration of the problem from these two frames of reference.

A review of the meaning of delinquency and the development of the contemporary approach to the problem will serve to demonstrate some areas of disagreement between these two approaches to the

problem and also introduce a preliminary scheme for a differential appraisal of juvenile delinquents.

Defining Delinquency:

The disagreement as to what constitutes delinquent behavior is basic to many of the discrepancies in approach to a differential appraisal of delinquent children. Delinquency is an umbrella for a wide variety of socially disapproved behavior. What children are to be included in this typology will be determined by the definition of delinquency the discussion will proceed under. For this reason it will be necessary at the outset to present the legal and psychological definitions of delinquency.

Legal Delinquency:

A delinquent child is defined by the General Laws of the Commonwealth of Massachusetts[4] as, "a child between seven and seventeen who violates any city ordinance or town by-law or who commits any offense against a law of the Commonwealth." Under the law a child is not delinquent until he is adjudicated delinquent in juvenile court session. This adjudication is made following the child's apprehension for committing an illegal act; the obtaining of an official complaint of delinquency; his appearance in juvenile court session and subsequent legal process.

From this definition we may conclude that any child who violates the law is legally delinquent. However, to group under one rubric a child who truants from school,a switch blade carrying gang member, a sophisticated thief who steals for profit and a child who shoots his father following an argument in the home, is patently

absurd. It is apparent to all observers that these are distinctly different types of children requiring different care.

The legal definition emphasizes that delinquent behavior is behavior sufficient to bring a child before the court. Further consideration of this definition reveals that the use of the term refers to the reactions which the delinquent elicits from his environment. The police and courts utilize a codified set of social and moral principles which are concrete and limited. They term delinquent any behavior which deviates from that code but this code is not static. It is subject to change consistent with changes in societal standards of behavior so that what was termed delinquent yesteryear may not be at the present time, e.g., changes in beach attire in recent years.

The formal system of codifying laws and prescribing punishments for violation of these laws has remained essentially unchanged. There has arisen within this formal system, however, a greater enjoinment upon the judge to interpret the "spirit" of the law and not the "letter" of the law. Judge Kaufman[18] presents the position of the more progressive jurists when he states:

> Though deterrence is still an important consideration, increased emphasis on the possibility of reforming the offender - of returning him to the community a useful citizen - bars the harsh penalties once imposed and brings into play a new set of sentencing criteria. Today, each new offender is viewed as a unique individual, and the sentencing judge seeks to know why he has committed the crime and what are the chances of repetition of the offense. The judge's prime objective is not to punish but to treat.

The Judge today has a great deal of latitude in sentencing and is no longer bound to dole out prescribed punishments analogous to a machine model of justice with data in-put being the act committted, the output being the established punishment. Today the Judge, based upon his assessment of all factors involved in the case, may impose a suspended sentence, a fine, or probation if he feels the punishment set by law is not appropriate.

Psychological Delinquency:

Essentially, the current psychological definitions of delinquency are subsumed under Aichorn's[1] opinion that whether behavior is delinquent or not is entirely dependent on the motivation which lies behind that particular behavior. He felt that no external feature of behavior can ever be used as a reliable index of delinquency.

A psychiatric point of view has been offered by Eissler,[5] who has defined delinquency as "all those thoughts, actions, desires and strivings which deviate from moral and ethical principles." He defines the delinquent as one who, "has not structured his personality in accordance with any value system. He has merely retained the gain of pleasure and satisfaction as the exclusive goal of his behavior. He is asocial." The emphasis here is upon intra-psychic conditions but, unlike the neurosis or psychosis, delinquency is a reaction to the value systems of the individual societies. Delinquency, then, according to Eissler, is abnormality involving a basic conflict with the value system prevalent in the society in which it occurs.

Eissler's definition de-emphasizes behavior, placing emphasis upon attitude and motivation. This definition has some obvious limitations. It implies a purposefulness in the delinquent's behavior that is inconsistent with the view of experienced workers in the field of delinquency. It has been observed repeatedly that some delinquent behavior is contrary to the conscious motivation of the offender; or in psychoanalytic terms, that the delinquent behavior is ego alien, representing the ego's failure to master a forbidden unconscious impulse. Eissler and other psychoanalytic writers frequently describe the impulse-ridden character disordered child bound by the pleasure principle and whose delinquent behavior is ego synthonic. In practice, many delinquents are seen whose behavior causes them a great deal of anxiety and discomfort with accompanying guilt. In short, these writers, limited by their definition of delinquency, describes merely one type of delinquent child, namely, the hard core, chronic offender. They exclude the defective, neurotic, psychotic or "normal" from consideration.

In studies of delinquency conducted by other social scientists frequency has been a crucial factor in their definition. The Gluecks[12] and Verven[27] build frequency into their definitions, feeling delinquency must be a "current, persistent mode of behavior." The courts, however, frequently must deal with first offenders whose offense will not allow for possible repetition, e.g., murderers, serious assaulters, some sexual offenders.

The Gluecks[12] also limit their definition of delinquent acts to offenses "of a kind which when committed by persons beyond the

statutory juvenile court age are punishable as crimes." This is a serious limitation since 20 per cent of the juveniles appearing before the courts are there for delinquencies which have no adult criminal counterpart. These are offenses which if committed by a child under seventeen are delinquent but once the child passes his seventeenth birthday there is no law against this form of behavior, e.g., Stubborn Child (disobeying parents), school truant (in Massachusetts a child has to attend school only until his sixteenth birthday), or runaway child (once past seventeen the case must be handled in adult court and it would be ridiculous indeed to have an adult criminal charge brought for being a runaway child).

Psychological definitions of delinquency as well as definitions proposed by other social scientists, have many limitations in their application to a differential classification of a group of children handled by the judicial-correctional authorities. For the most part they describe some, but not all of these children.

To summarize this disagreement: the legal definition emphasizes behavior and action; the psychological definition emphasizes the endopsychic conflict and need which motivated the behavior. The legal definition of delinquency has been a source of disatisfaction to psychologists who feel it is essentially punitive and retaliatory. The psychiatric view of legally-defined delinquency is offered by Eissler[5] when he states:

> We believe that it is the restriction of the concept of delinquency to behavior deviating from an arbitrary standard that has doomed to failure most attempts to eliminate delinquency.

Psychologists regard the legal definition as being far too broad and all-emcompassing since any juvenile ranging from the child who takes an apple from a neighboring orchard to the child who holds up a store with a gun could conceivably be caught in its web. Paradoxically, they also feel it is too narrow in that a child must be adjudicated delinquent in juvenile court session before he can be officially termed delinquent. In the latter regard, the psychologist' position is expressed by Verven[27] when he states:

> The psychologist interested in predicting human behavior must assume that psychological factors which anticipated the delinquent behavior existed within the personality structure of the child and are among the conditions which led to this behavior.

In short, the child was delinquent long before the court said he was!

The issue of unreported delinquency is offered by the medico-psychological exponents to support their position that not all children who commit delinquent acts appear in court. Studies by Porterfield[22] and Short and Nye[25] have revealed that the incidence of delinquent acts committed by college and high school students for which they were not arrested, is extensive and variable. However, when the responses given by this group were compared with those obtained from institutionalized delinquents, they found the latter group had committed many more types of delinquent acts; committed them more frequently and committed more serious offenses.

While any child apprehended for committing a delinquent act may be brought before the court, in practice only one child in four

brought to the attention of the police for being either engaged in or suspected of delinquency, is brought before the juvenile court.[23] There is a screening which occurs at the police level based on the seriousness of the offense, that is, the offense if committed by an adult would be a felony or upon the perplexing features of the case, e.g., the "good" boy who suddenly has become overtly delinquent.

We may conclude from the foregoing that court appearance, and to a greater extent institutionalization indicates a more frequent and serious offender; or a difficult case to understand and prescribe treatment for at the community level.

This paper then, aimed at a differential appraisal of a group of youngsters appearing before the judicial-correctional authorities, will proceed within the framework of an operational definition of delinquent behavior, namely, behavior sufficient to bring a child before the judicial-correctional authorities as delinquent. This definition has the pragmatic value of providing the group of children who cause the most concern to the authorities in such a way as to make them available for systematic study.

Treatment of the Delinquent:

The judge today has a great deal of latitude in his decision-making and has come to rely upon advice provided the court by clinically trained personnel when he is confronted by a case in which he is uncertain as to the correct course of action to take. The legal-judicial view of treatment of the delinquent has as its primary objective the prevention of further crime. However, our

present-day legal system is sufficiently flexible so that this objective may be achieved short of incarceration for a specified period of time.

The Juvenile Correctional Authorities, also bound by the legal definition of delinquency, must accept for care all those children committed by the courts as delinquent. Prior to 1949 the courts committed delinquents directly to State Training Schools for a specified period time. These Training Schools offered unitary programs, e.g., educative for boys under 16, vocational training for those over 16. There was no effort to otherwise group this very heterogeneous group of children.

In 1948, the Massachusetts Legislature enacted the Youth Service Act which established a three member Youth Service Board to operate the State Training Schools and charged them with the diagnosis, treatment and training of delinquent children committed to its care. The Youth Service Board established Reception-Detention Centers as their receiving and diagnostic units. No longer could the courts commit directly to a Training School. They now could commit only to the Youth Service Board and the child must first be sent to the Reception Center.

The purpose of the Reception Center is to provide a diagnostic study on each child committed and to make recommendations to the Youth Service Board as to proper placement and treatment program for the child. The Board is authorized to place a child anywhere he may receive the care necessary for his rehabilitation. This may be

a foster home, private school or even return to his own home if indicated. The majority of children received, however, still go on to one of the State Training Schools.

The diagnostic studies performed at the Reception Center have revealed the wide variety in types of children committed to the Youth Service Board as delinquent children. Based upon these studies and the recommendations contained modifications have been introduced into the Training School programs, e.g., the chronic offenders need for a therapeutic living experience, the defective child's need for a less demanding performance, the organically deficient child's need for modication and strict regimen. If changes in program are to be successful, they must be predicated upon research studies which will point up differentiating characteristics amongst the types of children comprising this population with idiosyncratic needs recognized and fulfilled.

The Causation of Delinquency:

Many of the criticisms directed at the judicial-correctional approach to delinquents is unwarranted and naive. From the preceeding review it has been demonstrated that the present day authorities are, for the most part, mental health oriented and interested in an individualized approach to these children. There are reactionary elements here, as in most fields, but the general direction toward a therapeutic approach to the treatment of the delinquent child is well established. In Massachusetts, for example, in addition to the creation of the Youth Service Board, the Department of Mental Health created a Division of Legal Medicine

to establish and staff court clinics (there are 14 operating at this time), and to provide staff for diagnostic and treatment services in the Youth Service Board and the Department of Correction. But, while the judicial-correctional authorities are moving toward a greater acceptance of medico-psychological thinking on the problem of delinquency; they are finding that these experts do not agree amongst themselves as to the causation and motivation for this type of behavior.

The development of the present medico-psychological approach to the causation of delinquency will be reviewed to point up areas of disagreement in regard to causation and also to indicate how this development applies to the differential appraisal of a group of young offenders.

Historical Development:

For centuries criminal and delinquent acts were perceived as being committed by a free act of will on the part of the criminal. In the 18th Century, Beccaria[21] made the first departure from this doctrine. While still embracing the doctrine of free will, and as a result advocating that the punishment should fit the crime, he introduced the concept that children and the insane were incapable of intelligent judgments as to the consequence of their acts and should be exempted from punishment. In the 19th Century, Lombroso[20] advocated an individualized theory of delinquency. He first challenged the position that criminal acts were free and consciously arrived at. He felt man was merely expressing his inner nature over which he had no control. However much one disagrees with

Lombroso's findings and conclusions, even his most ardent opponents must admit he made the first attempt to establish a scientific criminal psycho-pathology. The present day anthropological body physique and somatotype studies conducted by Sheldon and the Gluecks are not entirely unlike Lombroso's earlier works.

While Lombroso's approach was individualized, it was essentially a constitutional biological theory that postulated certain men were born criminals. Early in the 20th century Goring[13] disproved Lombroso's theory and, based on his research findings, postulated mental retardation as a cause for delinquency. These theories did little to achieve a reconsideration of what crime was or what its treatment should be. It was Freud's demonstration that our behavior is not always consciously motivated that gave new impetus to the search for the cause or cases of crime and delinquency.

Contemporary Theory on Delinquency:

Since the pioneering works of Burt,[3] Healy,[15] and Aichorn,[1] a great body of clinical writings have appeared emphasizing the individual's intrapsychic forces in interaction with the external evironment as the source of delinquent motivation. Freud himself showed little interest in the criminal or delinquent, although he did describe one type which he termed, "a criminal through a sense of guilt".[8] Later, Alexander[2] also emphasized a guilt basis for criminality in what he described as the "neurotic criminal".

Another group of psychoanalytic writers have described what might be considered an "anxiety theory" of delinquency. This theory presents the notion that delinquent behavior "represents a

constellation of ego defenses which make the individual employing them more comfortable". Kaufman,[17] Lippman,[19] Schulman,[24] and Sontag[26] have each presented variations on the idea that delinquent behavior represents a child's efforts to deal with anxiety. Kaufman proposes the specific notion that loss in early life produced a trauma which leaves its mark as a "depressive nucleus". Falstein[7] also speaks of this latter concept when he describes the "depressive core" frequently seen in delinquent children when opportunity to act out is blocked. Basic to these theories is that anxiety is felt to be dissipated by asocial activity and "delinquency, when it does occur, should be considered a restitutional process. The child is attempting to secure a feeling of well-being."[17]

Johnson,[16] and Griffin, Johnson and Litin[14] have proposed what may be termed a "transmission theory" of delinquency. Central to this theory is that parents unconsciously provoke the child to delinquent behavior. The parents precipitate behavior which unconsciously gratifies their own forbidden impulses. These authors feel this unconscious stimulation of the child results in superego lacunae or gaps which permits anti-social behavior. They state, "In every case studied we can trace conscience defect in the child to mirror image of similar type and emotional charge in the parent."

R. Eissler[6] also described this phenomenon stating: If the child can be induced into acting-out of asocial criminal impulses and is punished for it, he satisfies at the same time both these unconscious hostile impulses and the superego demands of the parent generation."

These theorists who feel there is a guilt, anxiety, or transmissional basis, posit that delinquent behavior represents a symbolic expression of an internalized and often unconscious problem. It is an attempt on the part of the individual child to restore his psychic equilibrium. Basic to their position is Sontag's[26] opinion that the same likenesses and differences are inherent in those ego defenses and devices expressed as delinquent behavior as in those which are culturally acceptable. He feels they differ only in the socially unacceptable nature of the service selected.

Psychoanalytic Theory of Delinquency:

There is a group of psychoanalytic writers, beginning with Aichorn[1] and currently represented by Eissler[5] and Friedlander,[10] that has been specifically interested in delinquency and has made observations in courts and institutions, thus seeing delinquents other than those referred for psychiatric services. These writers describe delinquent behavior quite differently, emphasizing the ego synthonic nature of the delinquency. It is their feeling most of these children have not developed a satisfactory character structure.

Character Development:

Psychoanalytic theory postulates that the infant is bound by the pleasure principle. As he grows and develops meaningful relationships with the parent, he learns to delay immediate gratification of instinctual impulses in return for the more important reward of love from the parental figure. This clash of impulses with reality demands, leads to a strengthening of ego functioning which results in a renunciation of the pleasure principle.

This renunciation forces the conscious ego, to regulate the unbridled pleasure impulses of the unconscious and to modify them in such a way that their satisfaction is harmless. This subjugation of immediate gratification in exchange for later, less harmful satisfaction is termed the reality principle. An important notion that has been derived from this theoretical framework is that delinquent behavior may be understood as normal, but relatively infantile, human behavior. Aichorn[1] talks of this when he states:

> Every child is at first an asocial being in that he demands direct primitive instinctual satisfaction without regard for the world about him. This behavior, normal for the young child, is considered asocial or dissocial in the adult.[2]

Alexander states that humans enter the world as criminals and during infancy preserve their criminality to the fullest degree. He describes the difference between the normal and delinquent child as being that the former:

> succeeds....in partly repressing his genuine criminal instinctual drives, and thus cuts them out of motor expression, and partly in transforming them into socially acceptable striving; the future criminal more or less fails in carrying out this adjustment.

Formation of the antisocial character disordered child basically is attributable to a faulty ego development. Freidlander[9] describes the ego devevopment of these children pointing out the mother's inconsistent, ambivalent maternal care and attitudes toward the child. As infants the needs of these children were alternately over-indulged or unfulfilled for length periods. Early object-relationships were unsatisfying because of this inconsistency and the

child remained bound by the pleasure principle since substitute rewards of greater value were not forthcoming if gratification of impulses was delayed. The child was not motivated to learn through the rewarding aspects of his relationships with his parents, as a result, his learning is contingent upon primary reinforcement, i.e., gain pleasure, avoid pain.

Psychoanalytically oriented writers have offered many, often divergent, theoretical conceptions on the etiology of delinquent behavior. These discrepancies are due in part to the selected cases referred to them and the smaller number seen in treatment. For this reason their generalizations were made from an extremely biased and unrepresentative sample.

[11]

Glover, in his review of psychoanalysis and crime, points out these divergent etiological positions and criticizes his colleagues stating:

> They appear to apply their views to criminal conduct as a whole without any discrimination of pathological factors and applying only classical psychoanalytical etiologies.

He adds that many of these writers have preconceived theoretical predilections and consequently their analysis is biased.

Typology of Delinquent Children:

The preceeding review demonstrates the lack of consensus among the medico-psychological exponents in regard to the causation of delinquent behavior. The problem seems to evolve from their generalizing from specific types of delinquent children encountered to all delinquents.

However, if we may assume that these writers did see different types of delinquents, this historical review reveals a typology of delinquent children. This four part preliminary taxonomy would appear thus:

1. The Psychotic Delinquent: Beccaria first wrote of the existence of this sub-group among delinquents.

2. The Organic Deficit including Mental Defectives: Lonbroso and Goring recognized the presence of these children.

3. The Neurotic Delinquent: Many contemporary writers describe delinquents whose behavior appears as an ego defense anxiety resulting from an unconscious conflict.

4. The Character Disordered Delinquent: Other contemporary writers describe an impulse-ridden child who has never formed the necessary object relationships to motivate him to discard the pleasure principle as a basis for behavior.

These four sub-groups were derived from the literature. Support for the existence of these types is offered in the classification schemes of Aichorn, Friedlander, Alexander and, more recently, Redl, who describe types of delinquents corresponding to the above scheme.

To complete this grouping and consistent with our operational definition, a fifth sub-group may be added:

5. The Normal Delinquent: A socialized child who manifests no psychopathology but was unfortunate enough to be apprehended for committing some adolescent pecadillo.

This classification is a synthesis of the types of delinquent children described in the literature. To determine if there was emperical support for this five part typology case history material contained in the Division of Youth Service files was reviewed

Based upon diagnostic classification cases were located which fitted each of the five sub-groups listed above. To illustrate each type a case was abstracted and these are presented, together with a general statment describing the specific type of disorder, in the following section.

1. Delinquent children clinically diagnosed as psychotic:

It has been mentioned that at times of severe stress upon a defective ego a complete disintegration of ego control and function may occur and the ego is unable to control instinctive urges due to its inability to distinguish between reality and phantasy. A regressive phenomenon takes place and the child functions at a very early, primitive level.

The delinquent acts committed by these children will usually display the irrationality behind them. There will be no logical motive, a lack of emotion attached to the act and frequently the offenses will be explosive and bizarre. The psychotic illness will also be manifested in other facets of their life not only in the delinquent act itself.

While the frankly psychotic child who is deluded and/or hallucinated presents a clear diagnostic picture there are other instances where this is not the case. The borderline case often presents a difficult differential diagnosis. Gellerd has described this type child as being in contact with reality and not delusional but when they are alone or under severe stress, they very easily withdraw into fantasy life or have severe temper tantrums. This type ofpathology presents a confused clinical picture due

to its resemblance to other types of reactive delinquents, however, at times of upset these children usually display clinical features of a psychotic episode and appear out of contact with reality.

Illustrative Case 1: A Psychotic Delinquent

> James, age 16 years 7 mos., was admitted to the Division of Youth Service Detention Center for clinical study as a result of his having murdered a ten-year old boy by beating him to death with a large rock. There was no prior history of aggressive or asocial behavior. A tenth grade student described as, "model" boy, shy, retiring, fair student.
>
> Home investigation revealed: natural parents divorced when boy was four years old, James lived with mother alone until her remarriage eighteen months before the murder. Mother described boy's excellent relationship with the step-father, respectful, polite with no apparent difficulty.
>
> At time of admission boy was extremely agitated and pre-occupied but responded to questions of admission officer. Offered as reason for murder that there were two boys "out to get" him, that he had got one already and will soon get the other. While at the Center, he verbalized feelings that the staff were going to "get" him and there were one or two staff personnel he must kill before they can kill him.
>
> Psychological evaluation revealed impairment of intellectual functioning due to severe ego disintegration, paranoid coloring throughout performance. Psychiatric examination revealed a highly agitated boy, frank delusions of persecution. Psychiatrist felt the appearance of step-father at time of heightened Oedipal anxiety precipitated breakdown. Murder of the younger boy was symbolically equivalent to suicide, unconsciously he had murdered the bad part of himself. Diagnosis: Acute paranoid schizophrenic breakdown. Immediate hospitalization recommended.

2. Delinquent children clinically diagnosed as organizally deficient:

This group includes the mentally retarded and the constitutional deficient child. Diagnosis is established after intellectual evaluation and/or medical, neurological examination.

The retarded child's offenses will usually be relatively simple acts due to his limited intellectual capacity and reflect his poor judgment. The constitutionally damaged child's delinquency will usually have an explosive, aggressive quality due to the deficient cortical control over impulses. While cases of delinquent behavior committed during an epileptic seizure are rare, much more common cases in which there is anti-social behavior, in no way differing from that caused by emotional factors, together with a history of epileptic illness.

Organic illnesses of the brain, expressed in psychological terms, cause the ego to lose control so that instincitive urges, hitherto inhibited, can come to the fore.

Illustrative Case 2: An Organically Deficient Delinquent

> Billy, age 15 years, 4 mos., referred for clinical appraisal by the juvenile court following court appearance for Breaking and Entering and Larceny. Reason for referral was that this is Billy's third court appearance in the past year for committing the most obvious offenses. Previous two appearances were for approaching a middle aged woman neighbor and requesting intercourse,and for stealing the Jimmy Fund container from the near by drug store. In both instances he was well known to the person. Current case resulted from his breaking the window of a local haberdashery to take a multi-colored sport shirt he wanted.
>
> Social history reveals a marginally endowed family, father a laborer described as coarse, dull but well intentioned. Mother described as a well meaning person but limited and overwhelmed by her large family of ten children. Billy's school history reveals a slow learner, never tested for intellectual functioning, after three grade failures (1-4-5) was placed in Special Class. Described as no trouble in school, but slow, retarded and merely marking time until his 16th birthday when he can leave school.

Psychological testing revealed a boy of limited ability, (WISC Full Scale IQ 64), lacking judgement, easily swayed by emotional stimulation but under acceptable control when not under stress. Psychiatric evaluation corroborated these findings. Diagnosis: Mental Deficiency - Mild.

3. Delinquent children clinically diagnosed as impulse ridden character disorders:

These are children who present the picture of an asocial child. They have never grown beyond the infantile level of demanding immediate need gratification. They still operate now what is termed the "pleasure principle", I.E. gain pleasure avoid pain. These children have failed to develop normally in terms of what the greater segment of our society demands behaviorally from children. In some cases the child has adopted the values of a sub-cultural group, that is, in certain sub-cultures of our society stealing is approved and accepted. In either case the illegal behavior is consistent with their perception of reality, i.e. it is ego-syntonic and they experience little guilt or remorse as a result of their behavior.

In this type of child we expect a variety of delinquent acts with a general impulsive quality permeating the total personality. They display poor relationships with adult authority figures with frequent gang type delinquent behavior. They blandly offer such reasons for thier delinquenceis as, "I needed some dough," or "I felt like it." In many instances there will be a purposefulness in their behavior, they steal for profit.

Illustrative Case 3: An Impulse Ridden Delinquent

Dick, Age 15 yrs., 6 mos., was referred to for diagnostic appraisal due to recent, frequent delinquent episodes handled by local Chief of Police informally because he was a friend

of the family. Most recent court appearance was the result of Dick's involvement in a series of breaking and entering incidents with two other boys. Reason for referral was the sudden and general deterioration in his behavior, "He is not the same boy."

Social history reveals an oversolicitous mother, over protective and defensive of the boy. Father travels a great deal, away for long periods, on return indulges the boy offers little controls or supervision. Social Worker felt this was an effort to handle his guilt over his avoidance of his parental role through frequent absences.

Psychological examination revealed a boy of good intelligence, high susceptibility to emotional stimulation with inadequate ego strength to prevent its expression. Psychiatric evaluation describes an impulse ridden child, anti-social character at this point, no guilt or remorse except over his apprehension. Impression was the onset of adolescence, failure of father to protect him from fear of instinctual material breaking through led to a regression to a more primitive level of ego functioning and impulse ridden behavior. Diagnosis: Impulse ridden child.

4. Delinquent children clinically diagnosed as neurotic:

These are children whose legally delinquent behavior is a symptom of unsconscious conflict. Considered as a symptom, the delinquent activity may be taken to express an acute disturbance which, after its discharge, may temporarily subside. Hence, we may see ambivalent behavior, at times socialized and conforming, at other times unacceptable. If the acts is symptomatic we may expect repition of the same or a similar offense, as opposed to the variety of offenses committed by the impulse ridden child.

The delinquent act has meaning to the child in a symbolic form, not direct discharge of impulse material. Gibbens, for example, found that auto thieves (who stole only autos) tended to be neurotic in that the act had meaning to them (masculine symbol) and they tended to be repetitive in this activity. Here again the delinquant

act may show no logical motivation to the observer, who should look for its personal meaning to the child. Because of the personal meaning of the act to the child we would expect more solitary delinquent activity.

Illustrative Case 4: The Neurotic Delinquent

John, age 12 years, 7 mos., was referred to the Division of Youth Service, Detention Center for clinical appraisal following his appearance in court for Habitual Truancy. The reason for referral: sudden appearance in a "good"boy of "strange" behavior. Since shortly after the beginning of the school year, four months before, John has refused to attend school. Warned repeatedly, he would leave for school only to return a short time later. Latest incident involved his barracading himself in his room - police were called by his mother and had to force entry into the room and remove the boy.

Social history reveals an intact home, but the mother described as seductive and ambivalent in her attitudes, father as stern, cold ungiving, who inflicted severe physical punishment on the boy on occasion. Prior history reveals no evdience of approaching difficulty, school history describes a boy well liked by teachers, a good student, fine singing voice (in church choir), knew all teachers in elementary school.

This year he entered junior high school, centrally located and attended by older more aggressive boys from other sections of the city. John verbalized a fear of these older, "tougher" boys who were going to beat him up and offered this as a reason for his refusal to attend school.

Psychological examination revealed a boy of good intelligence, conflicted, rather passive - feminine quality. Psychiatric examination described an overly dependent boy, attached to mother, fater perceived as feared, omnipotent person. Boy recounted a homosexual seduction two years before by an older more aggressive boy. Felt loss of old school contacts and need to establish new ones at new school difficult for boy together with a fear of homosexual assault from older boys. Diagnosis: School phobia produced by homosexual panic.

5. Delinquent children clinically diagnosed as normal:

Adolescence has often been described as the bridge between

childhood and adulthood when the adolescent is neither child nor adult but behaves like both. We should expect a certain amount of role taking on the part of the adolescent experimenting with being a man. Erikson feels we should declare a "psychosocial moratorium" for these children and overlook this aspect of their behavior. Culturally the adolescent period has been extended and the child remains dependent upon the home and mother. Whiting has pointed out how our society gives little formal recognition of the physiologic and social changes a boy undergoes at puberty and offers no available rite-de-passage into adult manhood.

The normal adolescent child may engage in isolated drinking experience, heterosexual activity or other relatively minor expressions which are legally delinquent since, as we stated earlier, a legal definition of delinquency could conceivably encompass all children.

Their behavior will be accompanied by appropriate guilt and shame, will be of an isolated, non-repetitive nature and frequently have a role taking or prankish aspect to it.

Illustrative Case 5: The Normal Delinquent

David, age 16 years, 8 mos., is in the twelfth grade and is described as good student and expected to graduate with his class. He was committed to the Division of Youth Service for drunkenness. This was his first court appearance and he was committed the day he was arraigned. Circumstances surrounding his arrest were: together with 3 other high school seniors, David drank some beer in celebration of the school football team's victory in a traditional game. He was seen staggering on the street and was arrested. In court the judge expressed his concern over teenage drinking and desire to make an example of these boys and ordered them committed. The community was quite vocal on its disagreement with this decision and school, religious and civic leaders wrote to the Youth Service Board recommending parole.

Social history reveals an intact family with many strengths. Both parents are interested in the boy, have provided care, affection and guidance and were very upset at his committment. The family was described as atypical for the children the Division of Youth Service receives.

Psychological examnnation revealed a boy of good intelligence, very concerned as to his future and the effect his committment might have on his plans to attend college. There was evidence of a moderate role confusion but the staff felt it was within normal limits for the developmental crisis of adolescence.

The diagnostic picture was of a fairly normal adolescent boy who had been apprehended in the midst of an isolated adolescent picadillo and committed. The Youth Service Board voted to return the boy to his home immediately from the Reception Center.

SUMMARY

This paper has attempted to describe the lack of consensus among medico-legal authorities as to the meaning of delinquency and the management of delinquent children. Emphasis was placed upon the psychological types who may commit delinquent acts. Different writers describe different types of delinquents. In a sense all and yet none are correct. Too often these writers generalized to all delinquents conclusions derived from work with a biased sample. If we group together all the types described in the literature, both past and present, we arrive at a preliminary taxanomy of delinquent children. A review of 10,000 case histories on file with the Division of Youth Service lends support to this 5 part taxanomy which suggests that psychotic, neurotic, organically deficient, character disordered and normal children may come into conflict with the law.

This conclusion lends support to the need for effective diagnosis and varied treatment approaches to delinquency. A group of delinquent children is a very heterogeneous group indeed.

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